PTO/SB/22 (10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  Docket Number (Optional) 5294-000006			
OIPE	In re Application of Jin-kyoo KIM et al.		
	Application Number 10/083,424 Filed February 26, 2002		
JAN 2 2 2004 For RECOMBINANT SCFV ANTIBODIES SPECIFIC TO EIMERIA SPP. RESPONSIBLE FOR COCCIDIOSIS			
TO MADERIAL TO	Art Unit 1645	Examiner Padmavathi v Bas	skar
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a			
response in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
			\$ <u>110.00</u>
☐ Two months (37 CFR 1.17(a)(2))			\$
☐ Three months (37 CFR 1.17(a)(3)) \$			\$
Four months (37 CFR 1.17(a)(4))		\$	
☐ Five months (37 CFR 1.17(a)(5)) \$			
above is reduced by one-half, and the resulting fee is: \$  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-0750.  I have enclosed a duplicate copy of this sheet.  I am the  applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record.			
attorney or agent under 37 CFR 1.34(a).			
Registration number if acting under 37 CFR 1.34(a). 27,382.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
Can 22,2004 They flowly			
Date   Signature			
248-641-1600 G/Gregory Schivley			
Telephone Number Typed or printed name			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			